# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 28, 2008 8:00 am**
**Secretary of State**
03-28-2008 90024 037 ****70.00

DOCUMENT # 711813

1. Entity Name

PANAMA CANAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7985 113TH STREET<br>SUITE 334<br>SEMINOLE FL 33772<br>US | 7985 113TH STREET<br>SUITE 334<br>SEMINOLE FL 33772<br>US |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-6138491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VAN SICLEN, NANCY A<br>7985 113TH STREET- SUITE 334<br>9816 LAKE SEMIINOLE DRIVE W.<br>SEMINOLE FL 33772 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VP<br>GOUGH, JOHN<br>237 NW MONROE CIRCLE N<br>SAINT PETERSBURG FL 33702 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORMAN, DAN<br>1628 WAKEFIELD DR<br>BRANDON FL 33511 | ☒ Delete | DIRECTOR/TREASURER<br>JOAN OHMAN<br>12115 TIMBERLAKE ROAD<br>RIVERVIEW, FL 33569 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1VP<br>WILDER, TOM<br>5198 SE 25TH ST<br>OCALA FL 34471 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VAN SICLEN, NANCY A<br>9816 LAKE SEMINOLE DR. W.<br>SEMINOLE FL 33772 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RUSSELL, ROBERT<br>2327 LYNDHURST DRIVE<br>SUN CITY CENTER FL 33573 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCLAUGHLIN, MARGARET<br>9090 WATERSIDE DR<br>FLORAL CITY FL 34436 | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy A. VanSiclen NANCY A. VANSICLEN 3-17-08 727-391-4359